2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N08000010379

Entity Name: HUMANITARIAN ANIMAL RELIEF PROGRAM, INC.

Current Principal Place of Business:

317 C MAGNOLIA ST.
PORT ORANGE, FL 32129

New Principal Place of Business:

317 MAGNOLIA ST.
A
PORT ORANGE, FL 32129

Current Mailing Address:

317 C MAGNOLIA ST.
PORT ORANGE, FL 32129

New Mailing Address:

317 MAGNOLIA ST.
A
PORT ORANGE, FL 32129

FEI Number: 26-3881156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMULLEN, JAMES
317 C MAGNOLIA ST.
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

MCMULLEN, JAMES R JR
317 MAGNOLIA ST.
A
PORT ORANGE, FL 32129 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES MCMULLEN 03/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR ( ) Change (X) Addition
Name: MCMULLEN, JAMES R PRES.
Address: 317 MAGNOLIA ST
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MCMULLEN PRES 03/22/2009
Electronic Signature of Signing Officer or Director Date